



Operation Change Request Form

In accordance to R68-31 Change Requests may go before the Cannabis Establishment Licensing Board for final approval. Please do **ONE** request per form.

Cannabis Facility

Life Elevated Processing

Change Request Information

Contact Name	Darrin Long
Contact Email	dlong@lifeelevatedprocessing.com

Contact Phone	801-362-0338
Date submitted	

Company Representative(s) to be Present at Licensing Board	1.Darrin Long
	2.

Change Request Details (Select Area of Change)

New Owner/ Financial Backing	<input checked="" type="checkbox"/>	Change in Production SOPs	<input type="checkbox"/>
Change in Facility Name	<input type="checkbox"/>	Change in Extraction SOPs	<input type="checkbox"/>
Change in Location/ Additional Location	<input type="checkbox"/>	Change in Type of Products being Produced	<input type="checkbox"/>
Alteration to Facility Blueprint	<input type="checkbox"/>	Change in Production Yield	<input type="checkbox"/>
Change in Building Sq. Ft.	<input type="checkbox"/>	Changes/ Addition of Outdoor Grow	<input type="checkbox"/>
Change in Science Director	<input type="checkbox"/>	Change in equipment	<input type="checkbox"/>
Other:			

Will this Change the biomass or product yield? ☐ Yes ☒ No

Explain:

Summary of Proposed Change (This Statement will be read at the public Licensing Board Meeting)

Company's Statement: Sale of Life Elevated Processing, LLC. Change in ownership

Submit a Change Request Application. Please include **All** information from the checklist that will be affected.

1. Date Changes should go into effect	6. Credentials of new owner(s) / Science Director	11. New Extraction SOPs
2. New Address	7. Change to Storage Plan	12. New Grow SOPs
3. Submit New Owner Background Information	8. Change(s) to Emergency Protocol	13. Will this affect getting ISO Certified
4. New Building Blueprints	9. Changes to Security Plan	14. Will this require Industrial Hemp to be brought in?
5. New Business License From City	10. New Disposal Plan	

Attach All Needed Documents: